

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

107069957

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	☆		☆		☆	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.	5					
TOTAL DEP.	65					
TOTAL CLAIMS	70					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS